

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1										
2										
3										
4										
5										
6										
7										
8										
9	1									
10										
11										
12										
13										
14										
15										
16										
17	1									
18										
19										
20										
21										
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23										
24										
25	1									
26										
27										
28	1									
29	1									
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46										
47										
48										
49										
50										
TOTAL IND.	5									
TOTAL DEP.	27	↓		↓		↓		↓		↓
TOTAL CLAIMS	32									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS